



MEDICAL BOARD OF CALIFORNIA

CENTRAL COMPLAINT UNIT

1426 Howe Avenue, Suite 54

Sacramento, CA 95825-3236

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**OUTPATIENT SURGERY – PATIENT DEATH REPORTING FORM (INTERIM)**

State law (Section 2240 (a) of the California Business and Professions Code) requires that whenever a patient death results from a scheduled medical procedure outside of a general acute care hospital, either by the physician or by a person acting under the physician's orders or supervision, the physician must complete this form and send it to: Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825

1.	Patient Name: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last _____ First _____ Middle _____ </div> Address: _____ Date of Birth: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Number Street City State ZIP Code Social Security Number: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Medical Record Number: _____ Physical Location of Medical Record: _____ </div>
2.	Name of Physician who Performed Surgery: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last _____ First _____ Middle _____ </div> <div style="margin-top: 10px;"> 2a. Physician's Practice Specialty and ABMS Certification: _____ 2b. Physician's License Number: _____ </div>
3.	Surgery Date: _____
4.	Name and Address of Outpatient Setting where Surgery was Performed: Name: _____ Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Number Street City State ZIP Code </div>
5.	Outpatient Setting is Licensed, Certified, and/or Accredited by: <div style="margin-left: 20px;"> a. _____ b. _____ c. _____ </div>
6.	Type(s) of Outpatient Procedures Performed: _____ _____
7.	Circumstances of Patient's Death: _____ _____
8.	Name and Location of Hospital or Emergency Center where Patient was Transferred: _____ _____

Date of Report: _____ Person Completing this Form: _____

(Please Print Legibly)